DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

 ☑ Declaration Submitted with Initial Filing, OR
 ☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 0500.9912151 First Named Inventor Michael K. Just COMPLETE IF KNOWN **Application Number** Filing Date **Group Art Unit Examiner Name**

As	a	below	named	inventor,	I	hereby	declare	that:
1 20	••	~~~	****	111 / 011 601 9			weeren e	

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, finventor (if plural names are invention entitled: Method Forgery	listed below) of the subje	ect matter which	is clain	ed and fo	or which a p	oatent	is sough	nt on the	
the specification of which: is attached hereto.										
was file on (MM/DD/YY) Number and was ame	YYY) ended on (MN		ites Application I (if appl		or PCT	Internations	al App	lication		
I hereby state that I have rev claims, as amended by any a I acknowledge the duty to d	amendment s	pecifically re	ferred to above.			•	,	Ū	ıe	
I hereby claim foreign priority bene of any PCT international applicatio identified below, by checking the b filing date before that of the applica	n which designa ox, any foreign	ted at least one application for p	country other than the	e United	States of Ar	nerica, listed b	below ar	nd have al	lso	
Prior Foreign Application Number(s)	Countr	,	ign Filing Date	n Filing Date Priority Not				Certified Copy Attached? YES NO		
Application Number(s)	 	(IAIL	M/DD/YYYY)	CI:	linea	X 1	7	NO		
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Additional foreign application I hereby claim the benefit under 35		••								
Application P	umber(s)	Filing Data (MM/DD/YYYY)								
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Additional provisional applicat	tion numbers are	listed on a supp	elemental priority dat	a sheet P	TO/SB/02B	attached here	to.			
I hereby claim the benefit under 35 United States of America, listed be States or PCT International applica information which is material to pa the national or PCT international fi	low and, insofar tion in the mann tentability as del	as the subject mer provided by the fined in 37 CFR	natter of each of the c he first paragraph of	laims of 35 U.S.C	this applicate. 112, I ack	tion is not disc nowledge the	closed in duty to	the prior disclose	United	
U.S. Parent Application or	iling Date		Pa	rent Paten		ber				

Parent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Timothy W. Markison	33,534	Christopher J. Reckamp	34,414
Paul M. Anderson	39,896		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:					A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])						Family Name or Surname					
Michael K.											
Inventor's Signature Like Dust				Date			man. 24,2000				
Residence	City: Otta	ıwa .		State: Ont	ario	rio Country: Canada			Citizenship: Canadian		
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City: Ottaw	a		State: Ontario			ZIP: K1H 5M8		Country: Canada			
Name of Additional Joint Inventor:											
Giver	Name (fi	st and middle	e [if an	y <u>l)</u>	ļ	Family Name or Surname					
Inventor's					Date						
Signature											
Residence	City:			State:	Country: Citizenship:				mp:		
Post Office	Address						·····				
City: Ottawa			State:			ZIP:			Country:		
Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Surname						
Inventor's							Date				
Signature	re										
Residence City: State:				Country: Citizenship:			hip:				
Post Office Address											
City:		State:			ZIP:			Country:			

Additional inventors are being named on the ____supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.